

# Information About The Children's Village at TCC

The Children's Village at TCC, a child minding service provided for TCC students, is managed and operated by The Meherrin Development Corporation Enterprises, Inc. under a contract with Tidewater Community College.

## Child Minding Hours of Operation

Monday – Thursday: 7:30 AM to 10:15 PM  
Friday: 7:30 AM to 5:00 PM

## Rate

\$6.00 per hour per child

## Limit

Three hours total per day per child

## Ages

Six months to 12 years of age

## Eligibility

- Parent or legal guardian of the child
- Currently enrolled TCC student taking classes on the Norfolk Campus
- Able to be contacted and return within 30 minutes

## Required Documentation

- Birth certificate or hospital record
- Immunization record
- Two emergency contacts. Must provide name, address, and phone number for each.

## Staff

All staff have passed a criminal background check and a Tuberculosis test.

## Methods of Payment

- Cash
- MasterCard, Visa, or StormDollars
- Child Minding Plan using student financial aid funds administered by TCC
- Other forms of funding for which the student may be eligible (e.g., local, state, and/or federal programs).

Educational experiences, diaper changing, and snacks will be provided. Enrollment is subject to space availability, thus it is key to register early.

## CONTACT INFORMATION

Dr. Albert W. Thweatt,  
Chief Executive Officer  
[athweatt43@aol.com](mailto:athweatt43@aol.com)  
(757) 733-3972

Karen Belcher, Executive Director  
The Children's Village at TCC  
[Hrc4kids@hrcoxmail.com](mailto:Hrc4kids@hrcoxmail.com)  
(757) 822-1562

## The Children's Village at TCC REGISTRATION FORM

(Please Print – Must be updated each semester)

Today's date:		<b>Semester (circle one):</b> <b>SPRING / SUMMER / FALL</b> 20__				
<b>CHILD INFORMATION</b>						
Child's Last Name:	First:	Middle:	Nickname:	Birth Date:	Age:	Gender
				/ /		<input type="checkbox"/> M <input type="checkbox"/> F
<b>STUDENT/PARENT/GUARDIAN INFORMATION</b>						
<b>Student:</b>		<b>CIRCLE ONE:</b> Mother / Father / Guardian		<b>TCC Student ID Number:</b>		
Home Address:				Home Phone:		Cell Phone:
Place Employed:				Business Phone:		
<b>Other Parent:</b>		Place Employed:			Business Phone:	
Home Address:				Home Phone:		Cell Phone:
<b>IN CASE OF EMERGENCY</b>						
(Two people to contact if Student cannot be reached)						
Name and Address:			Relationship to child	Home Phone:	Business Phone:	Cell Phone:
Name and Address:			Relationship to child	Home Phone:	Business Phone:	Cell Phone:
Chronic Physical Problems / Pertinent Developmental Information / Special Accommodations Needed / Allergies or Intolerance to Food, Medication, etc. / Action to Take in an Emergency:						
<b>Child's Physician:</b>				<b>Phone:</b>		
<b>PERSON(S) AUTHORIZED TO PICK UP CHILD</b>						
(Two people to contact if Student cannot be reached)						
Name and Address:			Relationship to child	Home Phone:	Business Phone:	Cell Phone:
Name and Address:			Relationship to child	Home Phone:	Business Phone:	Cell Phone:
<b>Person(s) NOT authorized to Pick Up Child*</b>			<b>*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.</b>			
Name and Address:			Relationship to child	Home Phone:	Business Phone:	Cell Phone:
Name and Address:			Relationship to child	Home Phone:	Business Phone:	Cell Phone:

### CONSENT TO SEEK MEDICAL TREATMENT

1. The Children's Village at TCC agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize The Children's Village at TCC to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. (If there is an objection to seeking emergency medical care, a statement must be presented from the parent(s)/guardian(s) describing the objection and the reason for the objection.
3. The parent(s)/guardian(s) agree to inform The Children's Village at TCC within 24 hours or the next business day after the child or any member of the immediate family has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

#### Signatures

Student:	Date:
The Children's Village at TCC Administrator:	Date:
Date Child Entered Care:	Date Child Left Care:

#### TERMS OF AGREEMENT

(Please initial that you have read and agree to the following)

- |  |                                                                                                                                                                                                                                                                                                     |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | I understand that I must be enrolled and taking classes on the Norfolk Campus to access the services of The Children's Village at TCC located on the Norfolk Campus.                                                                                                                                |
|  | I understand that Child Minding Services are limited to 3 hours per day per child.                                                                                                                                                                                                                  |
|  | I understand that I must provide a copy of my current academic schedule and my TCC ID card with each visit.                                                                                                                                                                                         |
|  | I understand that only I or those that I have authorized are able to pick up my child.                                                                                                                                                                                                              |
|  | I understand that I must be available to pick up my child within 30 minutes of being contacted by a representative of The Children's Village at TCC.                                                                                                                                                |
|  | I understand that I may be charged additional fees if I do not pick up my child at the time indicated at drop-off.                                                                                                                                                                                  |
|  | I understand that I am responsible for notifying The Children's Village at TCC of any contagious and/or communicable illnesses my child may expose other children and/or staff to while in the care of The Children's Village at TCC.                                                               |
|  | I understand I cannot bring my child to The Children's Village at TCC if he/she is ill, as outlined in The Children's Village at TCC's Parent Handbook.                                                                                                                                             |
|  | I understand I must provide a birth certificate/hospital record, immunization record, and two emergency contacts for my child to The Children's Village at TCC prior to obtaining child minding services.                                                                                           |
|  | I understand that I am responsible for payment of child minding services when I drop off my child.                                                                                                                                                                                                  |
|  | I understand that child minding services are only available for those children for whom I am the parent and/or legal guardian.                                                                                                                                                                      |
|  | I understand that space is limited and my child is not guaranteed a space at all times.                                                                                                                                                                                                             |
|  | I understand it is my responsibility to notify The Children's Village at TCC of any changes in my contact information and academic schedule.                                                                                                                                                        |
|  | I understand and agree to comply with all policies and procedures outlined in The Children's Village at TCC's Parent Handbook now and in the future.                                                                                                                                                |
|  | I understand that I am accessing this service voluntarily and that Tidewater Community College is not responsible nor liable for any services provided by The Meherrin Development Corporation Enterprises, Inc., operating under the name "The Children's Village at Tidewater Community College". |

I, \_\_\_\_\_, acknowledge that I have read and agree to the following terms and conditions required to  
 (PLEASE PRINT)  
 utilize the services of The Children's Village at TCC for the care of my child. Failure to adhere to these terms and conditions may result in additional fees and/or termination of my access to this service.

Student Signature:	Date:
Printed Name:	Phone number where I may be reached at all times: (        )

Proof of the child’s identity and age may include a certified copy of the child’s birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child’s identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his/her designee of a public school in the U. S. that a certified copy of the child’s birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent.

Section 63.2-1809 of the *Code of Virginia* states that the proof of identity, if reproduced or retained by the child minding service shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

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<b>FOR OFFICE USE ONLY</b>	
Administrator of Center:	Date:
Date Child Entered Care:	Date Child Left Care:
If there is an objection to seeking emergency medical care, a statement should be obtained from the parent/guardian/student that states the objection and reason for the objection.	
Identity Verification (If proof of identity is required and a copy is not kept, please fill out the following)	
Place of Birth:	Birth Date:
Birth Certificate Number:	Date Issued:
Other Form of Proof:	
Person Viewing Documentation:	Date Documentation Viewed: